

Alcohol and Drug Awareness Program (ADAP) Floating Instructor Checklist

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

- ☐ Sign the Statement of Completion at the bottom of this page and include with the Application.
- ☐ Complete Verification of Class Observation from a certified ADAP instructor Form # RC-ADAP 300
Visit www.dds.ga.gov for Add-on Schedule, locations, dates and times.
- ☐ A signed copy of the ADAP Guidelines and Responsibilities Form # RC-ADAP 300
- ☐ A signed copy of the Off Duty Information Form - Form # RC-ADAP 22
- ☐ A copy of your valid driver's license is required.
- ☐ Completed EFT Form, along with a Voided Check, if you wish to have your payments electronic deposited into your bank account. Form # RC-ADAP 500
- ☐ After observing an approved ADAP Class, notify us of your class schedule at least 3 weeks prior to your first class for Regulatory Compliance Analyst to come out and monitor your first class. (ADAP@dds.ga.gov)
- ☐ Receive ADAP Computer System User ID and Password, payment forms, Test, Format for ADAP class and Answer Keys from DDS.
- ☐ Order ADAP supplies via On Line Bookstore (www.dds.ga.gov)
- ☐ Review ADAP Rules & Regulations (Ga. Admin. Comp. Ch. 375-5-4) at www.dds.ga.gov .

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached, for the certification applied for, as outlined above. I understand that an incomplete application or application lacking the necessary attached paperwork will result in my application not being processed and delay in my becoming certified with the ADAP Alcohol and Drug Awareness Program.

Print Name

Legal Signature

Date

PLEASE SUBMIT APPLICATION AND ALL SUPPORTING DOCUMENTS TO:

**Georgia Department of Driver Services
Regulatory Compliance Division
2206 East View Parkway
Conyers, GA 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.

Alcohol and Drug Awareness Program (ADAP) Floating Instructor Application

SECTION 1: Applicant Information

Last Name	First Name	Middle Name	Suffix
Date of Birth	Driver's License #	State	Social Security #
Home Address	City	County	Zip Code
Mailing Address	City	County	Zip Code
Primary Phone Number	Secondary Phone Number		
Email address			
Employer/ Department	Phone		
Employer's Address			

1.1 Are you currently, or have you ever been certified by the Department of Driver Services, as a Driver Improvement, Driver Training or Alcohol and Drug Awareness (ADAP) owner, instructor or operator?

☐ Yes ☐ No

1.1.1 If you answered "Yes" to question 1.1, please indicate your certification type (s) and certification number (s):

1.2 Do you currently teach ADAP for a Fee at a Driver Improvement Clinic?

☐ Yes ☐ No

1.3 Do you currently teach ADAP for a commercial Driver Training School as part of a Driver Education curriculum?

☐ Yes ☐ No

1.3.1 If you answered "Yes" to 1.2, 1.3 please indicate the School and dates

_____	_____
Schools(s)	Date(s)

1.4 Do you have a Teacher's Certification for the State of Georgia?

☐ Yes ☐ No

1.4.1 If you answered "Yes" to **1.4**, please attach a copy to this application.

SECTION 2: Applicant Qualifications

2.1 Are you a United States citizen?

☐ Yes ☐ No

2.1.1 If you answered “No” to question **2.1**, are you legally present in the United States?

☐ Yes ☐ No

NOTE: *Acceptable proof of citizenship or lawful presence may be required.*

2.2. Are you currently employed with the Georgia Department of Driver Services?

☐ Yes ☐ No

2.3 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services?

☐ Yes ☐ No

SECTION 3: Criminal History

3.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony?

☐ Yes ☐ No

3.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application?

☐ Yes ☐ No

3.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including Driving under the Influence, within the five (5) year period preceding the date of this application?

☐ Yes ☐ No

3.3.1 If you answered “Yes” to question **3.3**, please give the nature of probation in the area below.

Charge	State and County	Date
Charge	State and County	Date

3.4 Are there any criminal charges currently pending against you?

☐ Yes ☐ No

3.4.1 If you answered “Yes” to question **3.4**, please provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

3.5 In the space provided below, please list your complete criminal history for the previous ten (10) years, including charges that were dismissed, nolle prossed, or no billed.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

3.6 Have you received a pardon for any of the offenses listed in question **3.5** above?

☐ Yes ☐ No

3.6.1 If you answered “Yes” to question **3.6**, please attach copy of the pardon.

SECTION 4: Driving History

4.1 Do you currently possess a valid driver’s license?

☐ Yes ☐ No

4.2 In the area provided below, please list your driver’s license number, the state that issued it to you, and the month, date, and year it expires.

Driver’s License Number	State	Expiration Date
		____/____/____

4.3 Is your driver’s license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?

☐ Yes ☐ No

4.4 Are there any *pending* cancellations, suspensions, or revocations against your driver’s license?

☐ Yes ☐ No

4.5 Has your driver’s license been cancelled, suspended, or revoked within the past five (5) years?

☐ Yes ☐ No

4.5.1 If you answered “Yes” to question **4.5**, please list the State(s) that revoked, suspended, cancelled, or denied your driver’s license and the reason(s)

State	Reason	Month/Year

SECTION 5: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to; assessment results and other Program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will submit all reports and information as specified in the rules and regulations, and operations guidelines, and will allow the examination and audit of the books, records, and financial statements of my Alcohol and Drug Awareness Program and Driver Training Program by the Department of Driver Services.

I hereby authorize the release to DDS of any information necessary for the determination of my application for program certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20____.

(SEAL)

Notary

The Alcohol & Drug Awareness Program (ADAP) Guidelines and Responsibilities of Floating Instructors

Responsibilities for ADAP Floating Instructors

1. Use the instructor's manual, workbook, videotapes, test and certificates provided by the Department of Driver Services.
2. Ensure students attend all 4 hours.
3. Ensure that only students that score at least a 70 pass the ADAP course and receive a Certificate of Completion.
4. Ensure that students that attend the class are between the ages of 13 & 17 years old.
5. Ensure that student's name on the Certificate appears as it is on their birth certificate (**Legal Name**).
6. Submit make-up class location and date to DDS HQs by the 5th business day of every month for the following month's ADAP class.
7. Ensure that classes start on time and end on time.
8. Ensure that student rosters are created online in the ADAP computer system using the correct information for each student in attendance.
9. Ensure that User ID and Password are kept confidential and only the instructor has access to the ADAP computer system.
10. Must have a back-up instructor.
11. Use ADAP video in at least 2 sessions – (TV and VCR are needed).
12. Adhere to DDS, Rules and Guidelines regarding the Alcohol and Drug Awareness Program.
13. **Dismissal of Instructor:**
 - Failure to show up for class without notice or replacement.
 - Falsifying any records.
 - Failure to follow ADAP rules, regulations and/or guidelines.

Guidelines for ADAP Add-On Classes

Scheduling

The upcoming month's schedule of ADAP add-on classes is posted on the DDS website around the 15th of the month. Please submit class dates and locations ADAP@dds.ga.gov by the 5th business day of every month for the following month's ADAP class. All scheduling notices must be submitted in writing. Please review the ADAP schedule posted on our website for accuracy, and notify DDS of any revisions.

Cancellation of Classes

Twenty-four hours advance notice of any class cancellation is required except in case of extreme emergencies. If a class is cancelled, every effort should be made to post a conspicuous notice of the cancellation at the class location.

Classroom Instructions

The ADAP course is four (4) hours in length. Instructors must conduct the course in a one 4-hour session consisting of 50 minutes with a 10 minute break each hour, or two 2-hour sessions. Classes with 5 students or less may be conducted in a one 2.5-hour session. The class shall never be less than 2.5 hours in length. Classes may be conducted during the week or weekend, but must be concluded by 9:30 p.m. The maximum number of students attending an ADAP class shall not exceed 60 students per one instructor. Failure to adhere to these guidelines can lead to and include dismissal of that instructor.

Students that have a language barrier may use a dictionary and/or an interpreter during ADAP classes. Dictionaries and interpreters are prohibited during tests.

Payments

Payment request forms must be submitted within 45 days for the add-on class. A copy of the printed student roster must be attached to the payment request form.

Payments of \$150.00 will be made for ADAP add-on classes consisting of either one 4-hour session; two 2-hour session or for classes consisting of one 2.5-hour session conducted in one night with at least 5 students. A payment of \$75.00 will be made for ADAP add on classes consisting of one 2.5-hour session conducted in one night with less than 5 students.

Rosters and Certificates

All student rosters must be created online in the ADAP computer program using the correct information for each student in attendance. Ensure that user ID and password are kept confidential and only the instructor has access to the program. Ensure that only students that score at least a 70 pass the ADAP course and receive a Certificate of Completion that is printed through the online ADAP program found at www.dds.ga.gov.

ADAP Instructional Material

Use only the most updated ADAP instruction material, (instructor manual, student workbooks, videotape, tests and certificates), provided by the Department of Driver Services. All ADAP material is to be kept in a secure location and is to be used only for ADAP. Each ADAP course shall include the use of the Departmental issued videotape in at least two (2) sessions.

ADAP material is kept at DDS Headquarters in Conyers, Georgia. Instructors located in the metro area will pick up their requested material. Instructors located outside the metro area will receive the material by mail. When your supplies of student workbooks are low, you may place an order through the "Online Bookstore".

I hereby acknowledge that I, _____, have received and understand the Department of Drivers Services' (DDS) prescribed guidelines and responsibilities for ADAP Floating instructors.

LEGAL SIGNATURE: _____ **DATE:** _____

ORGANIZATIONAL AFFILIATION: _____

**The Alcohol & Drug Awareness Program (ADAP)
Off Duty Information Form**

Officer _____
Of the _____

is an Independent Contractor with the Georgia Department of Driver Services. He/She serves as a Floating Instructor for the Alcohol and Drug Awareness Program (ADAP), teaching the curriculum to students who are unable to obtain an ADAP class in public, private, or home schools.

The nature of employment and duties are:

- to provide instructions to young people(between the ages of 13 and 17) of this State regarding the dangers of alcohol and drug use as it relates to the operation of motor vehicles
- to adhere to the Rules and Guidelines regarding the Alcohol and Drug Awareness Program

The number of hours per week varies depending on the number of ADAP classes he/she teaches. The officer will be paid on a monthly basis. There is no coverage of Workers Compensation for Floating Instructors. Please contact the Regulatory Compliance Division if additional information is needed.

Off-duty Employer

**The Alcohol & Drug Awareness Program (ADAP)
Verification of Class Observation Form**

_____ ,

Applicant Name

attended my four hour Alcohol and Drug Awareness Program (ADAP) class on _____

Date

located at _____.

Site Attended

Instructor Name

Instructor Signature

Date

GEORGIA DEPARTMENT OF DRIVER SERVICES
AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER FOR TRAVEL

**THIS FORM AUTHORIZES AN EFT
(ELECTRONIC FUNDS TRANSFER) TO BE
MADE FOR ALL TRAVEL ADVANCES AND
ALL TRAVEL EXPENSE STATEMENT
REIMBURSEMENTS.**

**THIS FORM DOES NOT AFFECT THE
DEPOSIT OF YOUR PAYCHECK.**

***** PLEASE PRINT - ALL SECTIONS MUST BE FILLED IN *****		
LAST NAME	FIRST NAME	MIDDLE INIT.
STREET ADDRESS / P O BOX		
CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	WORK LOCATION	
E-MAIL ADDRESS (employee's work, employee's home, or supervisor's e-mail)		

I, _____, authorize the Department of Driver Services (DDS) to make EFT's directly into my checking account.
Print Name

I recognize that these deposits shall be made by electronic means. DDS will contact me regarding any over / under deposit which has been made to my account.

Attached is a **Voided Check** showing the correct information for my account at _____.
Name of Bank

If my bank account information or e-mail address changes, I am responsible for notifying the DDS Accounts Payable Office in writing of the change immediately.

Employee Signature

Date

For Accounts Payable Use Only																									
Employee Bank Number (Routing No.)	Peoplesoft Vendor Number																								
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**Upon completion, please send this form and voided check to --
DDS, 2206 East View Parkway, Conyers, GA 30013 ATTN: Accounts Payable**

Updated 05-28-08